

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107518319**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		21				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
11		10				
12		10				
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30		10				
31		10				
32		10				
33		10				
34		10				
35		10				
36		10				
37		10				
38	+	1				
39	+	1				
40						
41		12				
42		10				
43		10				
44	+	1				
45	+	1				
46		1				
47	+	1				
48	+	1				
49	+	1				
50						
TOTAL IND.	4					
TOTAL DEP.	40					
TOTAL CLAIMS	44					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS